

**Information on Transition  
to New PGY1 Managed Care Residency Standard and  
Competency Areas, Goals, and Objectives  
May 2017**

1. When can/must the new PGY1 Managed Care Pharmacy Residency Standard be implemented?

The newly revised [PGY1 Managed Care Pharmacy Standard](#) was approved by the ASHP Commission on Credentialing in August 2016, approved by the ASHP Board of Directors September 23, 2016 and approved by the Academy of Managed Care Pharmacy Board of Directors October 3, 2016.

It is available for implementation optionally for the 2017-2018 residency class and will be required for the 2018-2019 class. Thus, for programs being surveyed between July 1, 2017 and June 30, 2018, the program can choose under which Standard to be surveyed. For programs being surveyed on or after July 1, 2018, the program will be surveyed under the new Standard.

Note: Switches to the new standard and goals and objectives are not allowed during the middle of a residency class.

2. What is the plan for the development of the new competency areas, goals and objectives for the PGY1 Managed Care Standard?

The competency areas as established by the new standard are:

- (1) patient care;
- (2) advancing practice and improving patient care;
- (3) leadership and management; and,
- (4) teaching, education, and dissemination of knowledge.

The competency areas, goals, and objectives are currently under development. They will be sent out to the residency program directors of all programs in the accreditation process for comment during May-June 2017. The goal is to have them approved by the ASHP Commission on Credentialing at the August 2017 meeting and officially approved by the ASHP Board of Directors in September. The new set of PGY1 managed care competency areas, goals, and objectives will then become required for programs to use in PharmAcademic™ for the 2018-2019 residency class. However, they will be loaded into PharmAcademic™ by mid-January 2018.

Note: Switches to the new standard and goals and objectives are not allowed during the middle of a residency class.

3. Standard 3.3.a.(6) states that residents must spend two thirds or more of the program in patient care activities.

What is the definition of patient care activities?

Patient care activities are described more fully, including examples, in the guidance document. The definition of patient care activities is as follows:

*“Activities performed by pharmacists with the intent of contributing to positive pharmacotherapeutic and health outcomes of individual patients. Care is in collaboration and communication with other members of the health care team with responsibilities for the individual patient, and is achieved directly with patients and caregivers face-to-face, telephonically, virtually, or in writing.”*

In addition, Standard 6.4 describes patient care services pharmacists in the organization must be providing in order to optimize medication therapy for patients.

The following patient care services and activities are provided by pharmacists in collaboration with other healthcare professionals to optimize medication therapy for patients:

- 6.4.a Membership on interprofessional teams in healthcare areas.**
- 6.4.b Development of medication use guidelines to promote safe and effective therapy.**
- 6.4.c Prospective participation in the development of clinical plans for populations and individual patients.**
- 6.4.d Identification and resolution of medication-related problems.**
- 6.4.e Mechanisms for review of the appropriateness and safety of medications.**
- 6.4.f Design and implementation of medication-therapy monitoring.**
- 6.4.g A system of training and peer-review to ensure the quality of pharmacists’ action in providing services and programs.**
- 6.4.h Track and document patient care recommendations.**
- 6.4.i Written and oral consultations regarding medication therapy management.**
- 6.4.j Disease and/or drug therapy management programs consistent with laws, regulations, and practice environment policy.**

4. How will the patient care time be quantified and surveyed?

This is still being identified. It would be very helpful if the program would delineate the patient care activities that the resident will be involved with on a month by month basis and quantify approximately how much time (again on a monthly basis) will be spent on different patient care activities.

This will be a work in progress and once the goals and objectives are developed, ASHP will work to organize a group discussion (phone conference) to keep working on this. If anyone has templates for this that they are developing, please send them to JCarlson@ashp.org.

5. How can I learn more about what is expected as my program transitions to the new Standard?

A Guidance Document for the new PGY1 Managed Care Standard has been created that addresses in detail the intent of each standard item and how it will be surveyed. In addition, the guidance document notes which of the standards are Critical Factors (elements of accreditation standards that the ASHP Commission on Credentialing has determined to be important for successful accreditation, carry more weight than others, and are used to determine length of accreditation) and will be updated every six months.